



City of Lackawanna Police Department

Comment/Compliment/Complaint Form

This form is to be completed by any citizen who wishes to make a Comment, Compliment an Officer for outstanding performance or to make a Complaint against a Lackawanna Police Officer. The completed form should be dropped off at the police station or mailed to the Lackawanna Police Dept. Attn: Chief of Police, 714 Ridge Rd. Lackawanna N.Y. 14218 or e-mailed to Chief of Police (policechief@lackny.com). The

Complainant will be contacted within three (3) days of receipt of the completed form. NOTE: Complaints may be made by phone to any Supervisor. Anonymous complaints will be investigated but may not be able to be completed due to lack of information.

Person making the Comment/Compliment/Complaint (Please Circle One)

NAME: _____ DOB: _____ SEX: _____ RACE: _____

ADDRESS: _____

PH#: _____ WORK#: _____ CELL# _____ E-Mail: _____

Case#(IF KNOWN) _____ Incident Date/Time: _____

Incident Location: _____

OFFICER(S) INVOLVED

Name: _____ Badge# _____ Race: _____ Sex: _____

Name: _____ Badge# _____ Race: _____ Sex: _____

Name: _____ Badge# _____ Race: _____ Sex: _____

WITNESS(ES)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Give Details on next page.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

AFFIRMED UNDER PENALTY OF PERJURY PURSUANT
TO NYS PENAL LAW SECT. 210.45

Attach additional sheets of paper as necessary